

CTEN Exchange Policies and Procedures



Subject: Policy for Federated Provider Directory Services	
Status: Approved by CIC	Policy: EPP-6
Effective: 24 October 2014	Version: 1.0

I. Purpose

This document defines the policy requirements for organizations operating a provider directory that wish to participate in the California Trusted Exchange Network (CTEN) federated provider directory services.

II. Applicability of Policy

A. California Association of Health Information Exchanges

This policy applies to CAHIE and its operation of statewide Directory Services as part a federated model for provider directories.

B. Participants in the California Trusted Exchange Network

This policy applies to all Participants in the California Trusted Exchange Network (CTEN) that offer local Directory Services and as part of a federated model for provider directories.

III. Policy

For the purposes of the California Trusted Exchange Network, two Parties have been defined:

1. CAHIE, as operator of the statewide Directory Service
2. A Participant, as operator of a local Directory Service.

A. Obligations of Operators of State and Local Directory Services

1. The Service shall not store or distribute protected health information (PHI).

Rationale: Participants and Authorized End Users should be assured that information exchanged through federated provider directory services is limited to personally identifiable information (PII), and that the security requirements to support directory services are likewise limited to PII.

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2. The Service may constrain query results as required by local policy rather than respond to the full query as requested.

Rationale: All queries are allowed, and local policy or data availability may dictate limitations on responses in compliance with the Autonomy Principal.

3. The Service shall authenticate using transport layer security (TLS).
 - a. Query clients may support mutual authentication as required by the Service(s) they query.
 - b. A Service may require mutual authentication using mutual TLS according to local policy.
 - c. The state Service operated by CAHIE shall support mutual authentication if required by a Service it queries.
 - d. The state Service operated by CAHIE shall require mutual authentication of query clients using mutual TLS.

Rationale: Local policy should dictate whether a querying system must be authenticated in compliance with the Autonomy Principal. Anonymous queries to the state Directory Service are not supported in order to support identification and authentication of all Authorized End Users. Any local Directory Service may choose to support anonymous queries.

4. The Service shall provide appropriate and meaningful error responses to the querying client when the Service does not behave as expected.
5. The Service shall maintain an audit log of all provider directory access, both by its Authorized End Users as well as by external systems.
 - a. At a minimum, this audit log shall contain the date and time stamp of the access or query, which system or user made the query, requestID (per the HPD specification), query filter, and any errors related to the query.
 - b. These audit logs must be made available for inspection upon request by the California Interoperability Committee or as required by state and federal laws and regulations.

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Rationale: It may become necessary to investigate queries that appear to violate this policy or otherwise suggest abuse of the Services.

Noteworthy: Systems that provide end-user interfaces to query federated provider directory services must authenticate end users in order to support this requirement.

B. Obligations of the Participant as Operator of a Local Directory Service

1. The Participant's Service shall adhere to the *IHE Healthcare Provider Directory (HPD) Supplement* released for trial implementation, or IWG's *HPDPlus Implementation Guide v1.1*.

Rationale: The version of HPD described in the *Supplement* and of HPD+ described in the *Implementation Guide v1.1* are similar and thought to be largely interoperable. Until such time as a single implementation guide is produced and gains broad acceptance, CAHIE will attempt to support both of these competing specifications.

2. The Participant shall maintain a minimum dataset within its provider directory as determined by the CIC.

Noteworthy: It may be appropriate for the CIC to define minimum dataset in the future.

3. The Participant shall maintain accuracy and currency of provider directory contents, and shall update provider directory contents within 24 hours of becoming aware of a change.

Rationale: The Participant is responsible for ensuring the accuracy and currency of provider directory contents, as well as ensuring directory entries received in the course of conducting queries are not otherwise disclosed.

IV. References

- *IHE IT Infrastructure Technical Framework Supplement: Healthcare Provider Directory (HPD) Trial Implementation*, dated September 20, 2013.
- *Statewide Send and Receive Patient Record Exchange Technical Specification: Appendix, HPDPlus RDB Implementation Guide v1.1*.

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V. Related Policies or Procedures

None.

VI. Version History

	Date	Author	Comment
	1/30/2014	Rim Cothren	Initial draft.
1.0	10/21/2014	Rim Cothren	Initial release.